ASSESSOR'S OFFICE
TOWN OF HAMPTON
164 Main Street, PO Box 143
Hampton, CT 06247-0143
Phone: (860) 455-9132; Fax (860) 455-0517

APPLICATION FOR IN-SERVICE VETERAN'S EXEMPTION

Sec. 12-81 (19) CGS

Application must be made annually by October 1 until DD-214 is filed with Town Clerk

Name: _____

I am presently on active duty with: _____
Branch of Service

I served on active duty from _____ until _____
during a recognized combat era shown on reverse side of this document.

My current command extends until: _____

My legal residence is:

_____
No. Street Town/City State Zip

I hereby certify to the truth of the foregoing statements.

_____
Signature of claimant

_____
Print Name Rank

_____
Service Mailing Address

_____

I hereby certify that the statements above are accurate according to the claimant's military service records.

_____
Commanding Officer

_____
Station Base Unit